

Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date: 9/2/10
Case #: 13F75623
County: STARKE

Address: SR. 23 N OF CHEROKEE RD
KOONTZ LAKE, IN

Type of Laboratory Seizure (check one)

- ☒ Operational Lab
☐ Chemical/Glassware/Equipment (only)
☐ Dumpsite (only)

Seizure Location (check all that apply)

- ☐ Residence
☐ Outbuilding
☒ Vehicle
☐ Hotel/Motel
☐ Open - No Structure
☐ Other: _____

Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply)

- ☒ Lithium/Ammonia Reaction(s): INTERIOR OF VEHICLE
☐ Red Phosphorous/Iodine Reaction(s): _____
☒ Flammable Solvents: INTERIOR & TRUNK OF VEHICLE
☒ Water Reactive Metal (Lithium): INTERIOR OF VEHICLE
☐ Anhydrous Ammonia: _____
☒ Hydrochloric Acid Gas Generator(s): TRUNK OF VEHICLE
☒ Corrosive Acid: INTERIOR OF VEHICLE
☒ Corrosive Base: INTERIOR OF VEHICLE
☐ Other (item and location): _____

Child under age 18 discovered (check one)

- ☐ Yes _____ (number present)
☒ No

*If yes, fax report to Child Protective Services

Investigative Information

- ☐ Ephedrine/Pseudoephedrine Tracking Log
☐ Retail/Merchant Tip
☒ Other: TRAFFIC STOP

This report is to be faxed to the following agencies that serve the location:

Fire Department: WALKERTON VFD
Health Department: STARKE CO.
Child Protection Service: _____

Fax: N/A
Fax: 574-772-8035
Fax: _____

For further information regarding this methamphetamine laboratory, contact
Investigating Officer: BRANDON MCBRIER Phone 574-546-4900

** This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

*** This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.